

In day-to-day language the word *depression* is used to describe a wide range of situations ranging from a transient mild degree of sadness, perhaps after a traumatic or tragic event, through to a long term and severe medical condition associated with great sadness, lack of any motivation, bizarre thinking and sometimes attempts at suicide.

Considering the range of conditions covered by the term depression, it will be apparent that some cases are probably medically safe from an aviation perspective while others clearly are not. This Medical Information Sheet discusses depressive conditions from an aviation safety viewpoint, and provides some guidance concerning how the CAA approaches the medical certification of applicants (pilots and air traffic controllers) with a history of depression.

Why is depression an aviation safety problem?

While depression does vary greatly in its severity, the features that can raise aviation safety concerns include the following:

Reduced drive of motivation. People who are suffering with depression often also have reduced drive or motivation to do things. Safe aviation requires drive and motivation, amongst other things, to coordinate a wide range of actions and decisions.

Impaired or poor decision-making. Depressed people think more slowly and less efficiently than others. This can result in slow and poor decision making, which is not a desirable situation for aviation safety.

Poor judgment. People who are depressed do not always exercise sound judgement, another feature that is not desirable for safe aviation.

Lack of insight. A lack of insight, including insight into the severity of their condition, can be associated with a variety of medical conditions including depression. Insight, into your own health situation as well as the requirements for aviation, is essential for safe aviation.

Associated disordered behaviour. Sometimes depression is associated with bizarre and dangerous behaviour. This can range from angry outbursts through to paradoxical great elation and manic hyperactivity or even hallucinations. Such behaviour is clearly not compatible with safe aviation. People with depression also sometimes have associated problems with alcohol or other drugs.

Suicidal thoughts (or actions). The more severe degrees of depression can be associated with thoughts about committing suicide and even attempts at suicide. Clearly it would be inappropriate for someone intending suicide to be flying an aeroplane.

Side effects of medications. Most of the medications used to treat depression alter the way that the mind works. Great care needs to be taken to ensure that the effects and side effects of any medication does not reduce aviation safety.

Can someone who is depressed fly?

It is unlikely that someone who is currently depressed would be considered as being fit to hold a class 1, 2, or 3 medical certificate.

Similarly, a pilot or air traffic controller who suffers with depression has an obligation to report this to the CAA (see CAA MIS 004 'You must advise the CAA'¹).

Can someone who has well treated depression, in remission, fly?

Some class 1, 2, or 3 applicants, who are very well controlled on certain anti-depressant medication, may be issued medical certificates. In these cases the important factors include:

1. The degree or seriousness of the depression, and associated problems;
2. How long ago the depression occurred, and whether it was a single episode or whether there had been similar other episodes;
3. The circumstances associated with the bout of depression (e.g. whether a major upset or trauma had occurred);
4. The nature and effectiveness of any treatment, especially the anti-depressant drug used and the presence of any side effects;
5. The amount of time that has passed since the depression has been in remission;
6. The applicant's current situation and health.

Some anti-depressant drugs are viewed by the CAA as being safer for aviation than others. The CAA considers Sertraline, Citalopram, and Fluoxetine to be the safest of the anti-depressant medications from an aviation safety perspective, and is not currently satisfied that Paroxetine, Venlafaxine, or other anti-depressant drugs can be relied upon to be adequately safe.

Newer anti-depressant medications may prove to be adequately safe in the future, but it often takes considerable amounts of time for enough good quality medical research to be completed.

Not all applicants who are treated with anti-depressant medication will be assessed as 'fit' for the issue of a CAA medical certificate.

Can someone who has a past history of depression, and is well now, fly?

Some applicants who have a past history of depression, but are now well and not taking any anti-depressant medication, may be issued medical certificates. In these cases the important factors include:

1. The degree or seriousness of the depression;
2. How long ago the depression occurred, and whether it was a single episode or whether there had been similar other episodes;
3. The circumstances associated with the bout of depression (e.g. whether a major upset or trauma had occurred);
4. The nature and effectiveness of any treatment;
5. The amount of time that has passed since the episode resolved;
6. The applicant's current situation and health.

Not all applicants with a history of depression, but who are not presently depressed, will be assessed as 'fit' for the issue of a CAA medical certificate.

¹ <https://www.aviation.govt.nz/assets/publications/medical-information-sheets/mis004-you-must-advise-the-cao.pdf>

I'm ok now, after depression. What information should I provide to CAA?

Your first contact for CAA medical recertification should be your Medical Examiner. Usually, depending on what information is already available, the information that would be useful from you includes:

1. A copy of your GP's notes, usually for the past several years;
2. Detailed assessment reports from the health care providers (psychiatric specialists, psychologists, counsellors etc) involved in your care.

It is possible that your ME, or the CAA, will request a further review by a specialist psychiatrist, but this does not occur in every case.

Surely aviation safety demands a zero tolerance to people with depression?

In the past most, if not all, applicants with a history of depression were excluded from aviation.

Today the CAA's stance is that anyone who is currently depressed, even quite mildly so, is not 'fit' or eligible for medical certification. However, our stance is also that some people with a past history of depression, but who are not currently depressed, are suitable for medical certification. This does not apply to everyone and in some cases the risk of problems is just too high.

Our view is also that well treated cases of depression, in established remission, or / and taking reliably safe medication without problems, may be eligible to return to aviation. It may take some time (months to years) to reliably establish remission, and in some cases, this cannot be done.

What about other countries?

Different countries interpret medical information in different ways. Some countries are less likely than the New Zealand CAA to issue medical certificates to those who have suffered with depression. If you have been issued a medical certificate in New Zealand this does not guarantee a similar outcome in another country. Similarly, if you have been issued a medical certificate in another country that does not guarantee a similar outcome here.

The New Zealand CAA is amongst the most accommodating civil aviation regulators in the world when it comes to depressive disorders. The main difference in the approach taken by those countries that do certificate treated depression sufferers lies in the medications that are viewed favourably and those that are not. This is also likely to change in the future, both as new drugs become more established and as more experience is obtained with the currently used drugs.

Will I need to keep seeing a psychiatrist?

Usually, after a pilot has been certificated following depression, periodic follow-up reports from a psychiatrist are required by the CAA. In most cases this medical surveillance is reduced gradually over time, providing no relapse of the depression occurs. In some other cases this surveillance is continued on a very long-term basis.

What if I don't agree with a decision concerning my history of depression?

You are always able to seek review of CAA medical certification decisions. For further information on review / appeal options you may wish to consult MIS 005 'What Are My Review Options?'² or the medical section of the CAA website.

Medical Information Sheets can be downloaded from the CAA website³.

² <https://www.aviation.govt.nz/assets/publications/medical-information-sheets/mis005-what-are-my-review-options.pdf>

³ <https://www.aviation.govt.nz/licensing-and-certification/medical-certification/medical-information-sheets/>

Looking at the law

Civil Aviation Rule Part 67: Medical Standards

Rules 67.103(c) (Class 1), 67.105(c) (Class 2), and 67.107(c) (Class 3) contain the main medical standards relating to depression. Those standards include a reference to the term 'aeromedical significance' which is expanded further in Rule 67.3(a): "A medical condition is of aeromedical significance if, having regard to any relevant general direction, it interferes or is likely to interfere with the safe exercise of the privileges or the safe performance of the duties to which the relevant medical certificate relates".

In the class 1 medical standards rule 67.103(c) requires that an applicant –

have no history or diagnosis of any neurological, neurosurgical, psychiatric or psychological condition, or behavioural or cognitive disorder that is of aeromedical significance; and

without limiting paragraph (c)(1), have no history or diagnosis of any of the following specific medical conditions, to an extent that is of aeromedical significance:

...

(iv) psychiatric condition;

...

mental abnormality or neurosis;

depression;

...

without limiting paragraph (c)(1), have no history or diagnosis of epilepsy or any other condition associated with an elevated risk of convulsions;

have no history or diagnosis of the use of any psychoactive substance that, having regard to any relevant general direction, interferes or is likely to interfere with the safe exercise of the privileges or the safe performance of the duties to which a class 1 medical certificate relates; and

not be taking any psychoactive substance that, having regard to any relevant general direction, interferes or is likely to interfere with the safe exercise of the privileges or the safe performance of the duties to which a class 1 medical certificate relates.

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